



ENROLL US

We Want to Be a Partner in EPA's
National Partnership for Environmental Priorities

IDENTIFYING INFORMATION

Name of Organization: _____
Principal Contact: _____
Authorizing Official: _____
Address: _____
Phone/Fax: _____
EPA RCRA ID Number: _____

Facility Name: _____
Title: _____
Title: _____
City/State/Zip: _____
Email: _____
Date: _____

PARTNER AGREEMENT

Our organization is choosing to become a partner in EPA's National Partnership for Environmental Priorities. Our goal is to reduce the quantity of one or more Priority Chemicals currently found in our products, processes, or releases using techniques such as source reduction, recycling, or other materials management practices. In this enrollment application, we identify one or more voluntary goals that we believe we can achieve as partners in this program. The voluntary goal(s) provided below is an initial estimate and may change over time. We may revise our goal(s) or withdraw from the program at any time. If/when we choose to revise our goals or withdraw from the program, we will notify EPA.

GOAL #1. Chemical Name: _____ **CASRN:** _____

Narrative description of proposed project: _____

How we will measure success: _____

1a. Our voluntary **source reduction** goal for Chemical #1 is to reduce the amount of this chemical generated/used from a baseline amount of _____ pounds in _____ (month/year) to a reduced amount of _____ pounds generated/used by _____ (month/year).

1b. To accomplish this goal, we will use the following source reduction options (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Equipment or technology modifications. | <input type="checkbox"/> Process or procedure modifications. |
| <input type="checkbox"/> Reformulation or redesign of products. | <input type="checkbox"/> Substitution of less toxic raw materials. |
| <input type="checkbox"/> Improvements in inventory control. | <input type="checkbox"/> Improvements in maintenance/housekeeping practices. |
| <input type="checkbox"/> Other (describe): _____ | |

2a. In addition to, or in lieu of using source reduction methods, our voluntary **recycling or recovery** goal for Chemical #1 is to increase the recycled or recovered quantity of this chemical from a baseline amount of _____ pounds in _____ (month/ year) to an increased quantity of _____ pounds by _____ (month/year).

2b. To accomplish this recycling or recovery goal, we will use the following options (check all that apply):

- | |
|--|
| <input type="checkbox"/> Direct use/reuse in a process to make a product. |
| <input type="checkbox"/> Processing the waste to recover or regenerate a usable product. |
| <input type="checkbox"/> Using/reusing waste as a substitute for a commercial product. |
| <input type="checkbox"/> Other (describe): _____ |

3. We have a Quality Assurance/Quality Control Plan for data (check which applies). ☐ Yes ☐ No

Please use supplemental sheets for additional goals.

Page ____ of ____

SUPPLEMENTAL GOAL SHEET: NATIONAL PARTNERSHIP FOR ENVIRONMENTAL PRIORITIES

GOAL # _____ Chemical Name: _____ CASRN: _____

Narrative description of proposed project: _____

How we will measure success: _____

1a. Our voluntary **source reduction** goal for Chemical # _____ is to reduce the amount of this chemical generated/used from a baseline amount of _____ pounds in _____ (month/year) to a reduced amount of _____ pounds generated/used by _____ (month/year).

1b. To accomplish this goal, we will use the following source reduction options (check all that apply):

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|---|--|
| <input type="checkbox"/> Equipment or technology modifications. | <input type="checkbox"/> Process or procedure modifications. |
| <input type="checkbox"/> Reformulation or redesign of products. | <input type="checkbox"/> Substitution of less toxic raw materials. |
| <input type="checkbox"/> Improvements in inventory control. | <input type="checkbox"/> Improvements in maintenance/housekeeping practices. |
| <input type="checkbox"/> Other (describe): _____ | |

2a. In addition to, or in lieu of using source reduction methods, our voluntary **recycling or recovery** goal for Chemical # _____ is to increase the recycled or recovered quantity of this chemical from a baseline amount of _____ pounds in _____ (month/ year) to an increased quantity of _____ pounds by _____ (month/year).

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| <input type="checkbox"/> Other (describe): _____ |

3. We have a Quality Assurance/Quality Control Plan for data (check which applies). ☐ Yes ☐ No

GOAL # _____ Chemical Name: _____ CASRN: _____

Narrative description of proposed project: _____

How we will measure success: _____

1a. Our voluntary **source reduction** goal for Chemical # _____ is to reduce the amount of this chemical generated/used from a baseline amount of _____ pounds in _____ (month/year) to a reduced amount of _____ pounds generated/used by _____ (month/year).

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| <input type="checkbox"/> Improvements in inventory control. | <input type="checkbox"/> Improvements in maintenance/housekeeping practices. |
| <input type="checkbox"/> Other (describe): _____ | |

2a. In addition to, or in lieu of using source reduction methods, our voluntary **recycling or recovery** goal for Chemical # _____ is to increase the recycled or recovered quantity of this chemical from a baseline amount of _____ pounds in _____ (month/ year) to an increased quantity of _____ pounds by _____ (month/year).

2b. To accomplish this recycling or recovery goal, we will use the following options (check all that apply):

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|--|
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SUPPLEMENTAL GOAL SHEET: NATIONAL PARTNERSHIP FOR ENVIRONMENTAL PRIORITIES

GOAL # _____ Chemical Name: _____ CASRN: _____

Narrative description of proposed project: _____

How we will measure success: _____

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3. We have a Quality Assurance/Quality Control Plan for data (check which applies). ☐ Yes ☐ No

GOAL # _____ Chemical Name: _____ CASRN: _____

Narrative description of proposed project: _____

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